

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>m. p.</i>		<i>12-20-01</i>
O.I.P.E. CLASSIFIER	<i>Dr</i>		<i>1/10</i>
FORMALITY REVIEW	<i>Request</i>	<i>925</i>	<i>08-10-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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*617*  
*2-10-01*